



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

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CLERK
FOR OFFICIAL USE ONLY

1. Committee I.D. Number 00136911 60		3. This Statement covers From: <u>1/1/06</u> To <u>12/31/06</u>	
2. Committee Name Citizens Association of Ray Twp PAC		4. Committee's Mailing Address Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
5. Treasurer's Name and Residential Address Cheryl Godbey 19600 29 Mile Ray Mi, 48096 Area Code and Phone (586) 405-1596			
6. Treasurer's Business Address Area Code and Phone _____		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>TRIANNUAL STATEMENTS</u> Even Year Odd Year <input type="checkbox"/> April 25 <input type="checkbox"/> January 31 <input type="checkbox"/> July 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 <input type="checkbox"/> October 25 8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY) <input type="checkbox"/> January 31 <input type="checkbox"/> April 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 8c. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8d. <input checked="" type="checkbox"/> ANNUAL STATEMENT (_____ Coverage Year) 8e. <input type="checkbox"/> PRE-ELECTION OR 8f. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> CONVENTION <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS Date of Election, Convention or Caucus: _____ APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8g. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. <input checked="" type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper Cheryl Godbey Type or Print Name		Signature <u>Cheryl Godbey</u> Date _____	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136911 50

2. Committee Name Citizens Association of Ray Twp PAC

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)		(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"		(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)		(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)		(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)		(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)		(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)		(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures		(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)		(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)		(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 2E)		(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		(14.) + <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14		(15.) = <u>0.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)		(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$ <u>0.00</u>	*

*If your ending balance is negative, please recheck your math.